	⊠ REP	ORT OF LOBBYIS	T EMPLOYER			
		(Government Code Se	ection 86116)		1/5	
		or	,		1	
	□ REP	ORT OF LOBBYIN	IG COALITION	I		
	<b>—</b>	Cal. Code of Regs. Se		-		
<b>FORM 635</b>	,		,			
1993		ANT: Lobbying Coan pleted Form 635-C		ch a		
	REPORT COVERS PI	ERIOD FROM 07/01/20	110 THROUGH	09/30/2010	FOR OFFICIAL USE ONLY	_
	CUMULATIVE PERIO	D BEGINNING	01/01/2009		A	-
		TYPE OR PRINT	'IN INK			
•	to be provided to you pursu closure Provisions of the Po	uant to the Information Practibilitical Reform Act.	tices Act of 1977, see I	nformation_	В	
NAME OF FILER:						
TAKEDA PHARMACI	EUTICALS AMERICA IN	C.				
BUSINESS ADDRESS: (No	umber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
		Deerfield		60015		
PART I - LEGISLATI See instructions on reve		Y ADMINISTRATIVE AC	TIONS ACTIVELY I	OBBIED DURING	G THE PERIOD	
						_
If more space is nee	ded, check box and attach cont	inuation sheets.				
		SUMMARY OF PAY	MENTS THIS PE	RIOD		
A. Total Payments to	o In-House Employee Lobby	yists (Part III, Section A, Co	lumn 1)	\$	0.00	
B. Total Payments to	Lobbying Firms (Part III, S	Section B, Column 4)		\$	5025.24	
C. Total Activity Exp	enses (Part III, Section C) .			\$	0.00	
D. Total Other Paym	ents to Influence (Part III, S	Section D)		\$	0.00	
GRAND -	ГОТАL (A + B + C + D al	bove)		\$	5025.24	
E. Total Payments in	n Connection with PUC Acti	vities (Part III, Section E)		\$	0.00	
F. Campaign Contrib	outions: X Part IV con	npleted and attached	☐ No campa	aign contributions ma	ade this period	
		VEDIEIG	ATION			_
tion contained	d herein and in the attache	VERIFIC preparing this Report. I led ed schedules is true and of the laws of the State of Ca	have reviewed the Re complete.		et of my knowledge the informa-	
Executed on (Date) 10/27/2010		At (City and State) Deerfield Illinois		By (Signature of Emp Steven Kermiso	oloyer or Responsible Officer) h	
Name of Employer or Respo Steven Kermisch	onsible Officer (Type or Print)			Title Director State G	overnment Affairs	_

PERIOD COVERED: <u>07/01/2010</u>	09/30/	2010			2/5	
NAME OF FILER: TAKEDA PHARMACEUTICALS	S AMERICA INC.					
PART II - PARTNERS, OWNERS, AND EMPLO REPORT (See instructions on reverse.)	DYEES WHOSI	E "LOBBYIST R	EPORTS" (FOR	M 615) ARE A	TTACHED TO	THIS
Name and Title		Name and	d Title			
If more space is needed, check box and attach continuat	ion sheets.					
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s			
A. PAYMENTS TO IN-HOUSE EMPLOYEE  (See instructions on reverse. Also enter the Amount T  (Column 1) on Line A of the Summary of Payments se	his Period		(1 Amoun Per	t This	Cumulat	2) ive Total Date
(**** )	, ,		\$	0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS (Incl	uding Individual C	Contract Lobbyists)				
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advance Other Pay (attach expla	ments	(4) Total This Period	(5) Cumulative Total to Date
Wilke Fleury Hoffelt Gould & Birney LLP	5000.00	25.24	0.	00	5025.24	55936.79
Sacramento CA 95814						
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD ( er the total of Colur y of Payments sect	nn 4 on Line B of th	he \$	5025.2	<u>L</u> 24

PERIOD COVERED: 07/01/2010 09/30/2010

NAME OF FILER: TAKEDA PHARMACEUTICALS AMERICA INC.

C. ACTI	VITY EXPENSES (See instructions on revers	se.)			
Date	Name and Address of Payee			Description of Consideration	otal ount ctivity
			\$		\$
	ore space is needed, check box and attach tinuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$ 0.00
NOTI Attac	ER PAYMENTS TO INFLUENCE LEGIE: State and local government agencies do not him the state and local government agencies do not him the state and local government agencies do not him the state and local government agencies do not him the state and local government agencies do not him the state and local government agencies do not him the state and local government agencies do not him the state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies do not have a state and local government agencies agencies and local government agencies agencies agencies and local government agencies agen	not complete this section. Check box and		\$0.00 \$0.00	
2. C	OTHER PAYMENTS			TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0.00
BEF	MENTS IN CONNECTION WITH ADMI ORE THE CALIFORNIA PUBLIC UTIL nary of Payments section on page 1. (See instruction	ITIES COMMISSION Also, enter the	TEMAKING PR		\$ 0.00

PERIOD COVERED:	07/01/2010	09/30/2010

NAME OF FILER: TAKEDA PHARMACEUTICALS AMERICA INC.

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of <u>state</u> candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if	
Recipient Committee:	

B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount	
08/17/2010	Senator Bob Dutton for Assembly 2012	1314664	\$	1000.00
08/17/2010	Garrick for Assembly 2010	1314580	\$	1250.00
08/17/2010	Jerry Hill for State Assembly 2010	1313437	\$	1250.00
08/17/2010	Mark Wyland for Senate 2010	1294033	\$	1000.00
08/17/2010	Fletcher for Assembly 2010	1314487	\$	1250.00
08/17/2010	Hernandez for Assembly 2010	1316190	\$	1000.00
08/24/2010	Kevin de Leon for Senate 2010	1313624	\$	1000.00
08/25/2010	Susan Bonilla for Assembly 2010	1315656	\$	770.90
08/25/2010	Lara for Assembly 2010	1316499	\$	1000.00
08/25/2010	Harkey for Assembly 2010	1314180	\$	1000.00

FERIOD COVERED. <u>07/01/2010 03/30/2010</u>	PERIOD COVERED:	07/01/2010	- 09/30/2010	
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**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of <u>state</u> candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
08/25/2010	Connie Conway for Assembly 2010	1314596	\$ 1000.00
08/25/2010	Gloria Negrete McLeod Senate 2010	1293125	\$ 1000.00
08/26/2010	Mike Gatto for Assembly 2010	1319224	\$ 1000.00
09/13/2010	Blakeslee for Senate 2010	1327078	\$ 1000.00
09/13/2010	Meg Whitman for Governor 2010	1315455	\$ 10000.00